

## HISTORY FACILITY PROFILE

HIGHLAND CARE CENTER PROVIDER #: 465078 FACILITY BEDS TYPE ACTION: RECERTIFICATION  
 4285 SOUTH HIGHLAND DRIVE PHONE NUMBER: (801) 278-2839 TOTAL: 108  
 SALT LAKE CITY UT 84124 PARTICIPATION DATE: 09/01/1981 CERTIFIED: 54 TYPE OWNERSHIP: FOR PROFIT - CORPORATION  
 STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

| RESIDENT CENSUS ON 12/20/2001 |    | LTC ADMISSION/SUSPENSION DATES |    | TOTAL CERTIFIED BEDS: 54 |           |
|-------------------------------|----|--------------------------------|----|--------------------------|-----------|
| -----                         |    | -----                          |    | -----                    |           |
| TOTAL:                        | 42 | ADMISSION SUSPENDED:           | 18 | 18/19                    | 19 ICF/MR |
| MEDICARE:                     | 40 | SUSPENSION RESCINDED:          | -- | ----                     | -----     |
| MEDICAID:                     | 0  |                                |    | 54                       |           |
| OTHER:                        | 2  |                                |    |                          |           |

## CURRENT SURVEY REVISIT DATES - 03/13/2002

| PRIOR 3<br>SURVEY<br>09/1998 | S/S<br>CODE | PRIOR 2<br>SURVEY<br>08/1999 | S/S<br>CODE | PRIOR 1<br>SURVEY<br>10/2000 | S/S<br>CODE | CURRENT<br>SURVEY<br>12/20/2001 | S/S<br>CODE | PLAN/DATE<br>OF CORRECT | PROGRAM REQUIREMENTS                                      |
|------------------------------|-------------|------------------------------|-------------|------------------------------|-------------|---------------------------------|-------------|-------------------------|---|
|                              |             | X                            | E           |                              |             | X C                             | D           | 01/31/2002              | REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING |
|                              |             |                              |             |                              |             | X C                             | E           | 02/18/2002              | REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS            |
|                              |             |                              |             | X                            | E           | X C                             | E           | 02/18/2002              | REQ F0332-MEDICATION ERROR RATES OF 5% OR MORE            |
|                              |             |                              |             |                              |             |                                 |             |                         | REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES       |
|                              |             |                              |             |                              |             |                                 |             |                         | REQ F0441-FACILITY ESTABLISHES INFECTION CONTROL PROG     |

## EDITION OF LSC APPLIED

| 85 NEW<br>PRIOR 3<br>SURVEY<br>08/1998 | 85 EXIST<br>PRIOR 2<br>SURVEY<br>08/1999 | 85 EXIST<br>PRIOR 1<br>SURVEY<br>10/2000 | 85 EXIST<br>CURRENT<br>SURVEY<br>12/19/2001 | PLAN/DATE<br>OF CORRECTION |
|--|--|--|---|----------------------------|
|  | X  |  |   |                            |
|  | X  |  |   |                            |
|  | X  |  |   |                            |
|  | X  |  |   |                            |
|  | X  |  |   |                            |
|  |  | X  | X C   | 02/18/2002                 |
|  |  | X  | X N   |                            |
|  |  | X  |   |                            |

## LSC DEFICIENCIES - BLDG NO. 01

K0018-CORRIDOR DOORS  
 K0020-STAIRWAY ENCLOSURES AND VERTICAL SHAFTS  
 K0025-SMOKE PARTITION CONSTRUCTION  
 K0048-EVACUATION PLAN  
 K0054-SMOKE DETECTOR MAINTENANCE  
 K0062-SPRINKLER SYSTEM MAINTENANCE  
 K0066-SMOKING REGULATIONS  
 K0104-PENETRATIONS OF SMOKE BARRIERS  
 K0130-OTHER

## EDITION OF LSC APPLIED

| 85 NEW<br>PRIOR 3<br>SURVEY<br>08/1998 | 85 NEW<br>PRIOR 2<br>SURVEY<br>08/1999 | 85 NEW<br>PRIOR 1<br>SURVEY<br>10/2000 | 85 NEW<br>CURRENT<br>SURVEY<br>12/19/2001 | PLAN/DATE<br>OF CORRECTION |
|--|--|--|---|----------------------------|
|  | X                                      |  |   |                            |
|  | X                                      |  |   |                            |

## LSC DEFICIENCIES - BLDG NO. 02

K0051-FIRE ALARM SYSTEM  
 K0062-SPRINKLER SYSTEM MAINTENANCE

| TYPE OF<br>DEFICIENCY     | CURRENT<br>SURVEY | PRIOR 1<br>SURVEY | PRIOR 2<br>SURVEY | PRIOR 3<br>SURVEY |
|---------------------------|-------------------|-------------------|-------------------|-------------------|
| -----                     | -----             | -----             | -----             | -----             |
| CONDITION                 | 0                 | 0                 | 0                 | 0                 |
| REQUIREMENT               | 3                 | 1                 | 1                 | 0                 |
| HEALTH TOTAL              | 3                 | 1                 | 1                 | 0                 |
| LIFE SAFETY CODE          | 2                 | 5                 | 6                 | 0                 |
| LIFE SAFETY CODE + HEALTH | 5                 | 6                 | 7                 | 0                 |

## COMPLAINT SURVEY INFORMATION

| SURVEY DATE | STATUS          |
|-------------|-----------------|
| -----       | -----           |
| 08/11/1999  | UNSUBSTANTIATED |
| 09/01/1999  | SUBSTANTIATED   |
| 09/16/1999  | UNSUBSTANTIATED |
| 09/18/2001  | UNSUBSTANTIATED |

## FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSES X=DEFICIENT  
 COP = CONDITION REQ = REQUIREMENT